

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
*(FOR USE WITH FORM PTO-875)*

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1	1						51	1		
2						52	1				
3						53	1				
4						54					
5						55					
6						56					
7	1					57					
8						58	1				
9						59					
10						60					
11						61					
12						62					
13						63					
14						64					
15	1					65					
16						66					
17						67					
18						68					
19						69					
20						70					
21	1					71					
22						72					
23						73					
24						74					
25						75					
26						76					
27						77					
28						78					
29						79					
30						80					
31						81					
32						82					
33						83					
34						84					
35						85					
36						86					
37	1					87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.						TOTAL IND.	7				
TOTAL DEP.						TOTAL DEP.	51				
TOTAL CLAIMS						TOTAL CLAIMS	58				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS